

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3		1				
4	1					
5		1				
6		1				
7		1				
8		1				
9		3				
10		3				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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